Democracy Demands plans to operate as a Super Pac which is not affiliated with any particular candidate, either supporting or opposing. It plans to encourage individuals to register to vote and to promote voting by registered voters.

"This committee intends to make unlimited independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees."

3 HO 21 AON 8:

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STATEMENT OF

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FEC FORM 1	ORGANIZATION		2013 NOV 19 AM 8: 10				
1. NAME OF COMMITTEE (in	full) (Check if name is changed)	Example: If typing, type over the lines.	12FE4M5				
DIEMIOICIRIA	DIEIMIOICIRIAICIYI DEIMIAINIDISI						
ADDRESS (number ar	nd street) LIGI IEI WIAILIM	LUITI ISITIRIEIFITI					
(Check if address is changed)							
	SOUTHGIAIT IE		STATE A ZIP CODE A				
COMMITTEE'S E-MA	IL ADDRESS						
(Check if address is changed) dia ir ie i mil it it ie ir ie ir ie ir ie ir ie ir ii		m1					
	Optional Second E-Mail Ad	dress					
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2. DATE 1.1 1.3 2.0.1.3							
3. FEC IDENTIFICATION NUMBER ▶ C							
4. IS THIS STATEM	MENT MEW (N) OR	AMENDED (A)					
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.							
Type or Print Name of Treasurer DRUE Miller							
Signature of Treasure			Date 11 13 2013				
NOTE: Submission of	folio ormanous or incomplete information	may authiost the namen signing	this Statement to the populties of 2 LLS C \$427a				

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.					
	Office Use Only		For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	FEC FORM 1 (Revised 06/2012)	

	FEC Fo	rm 1 (Revised 02/2009) Page 2					
5. TY	YPE OF C	ОММІТТЕЕ					
C	endidate	e Committee:					
(a) 🔲	This committee is a principal campaign committee. (Complete the candidate information below.)					
(b)	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)						
	ame of andidate	<u> </u>					
_	andidate arty Affiliati	on Sought: House Senate President District					
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.					
	ame of andidate						
P	arty Con						
(d) [This committee is a (National, State (Democratic, Republican, etc.) Party.					
P	olitical A	ction Committee (PAC):					
(e)) []	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a					
		Corporation Corporation w/o Capital Stock Labor Organization					
		Membership Organization Trade Association Cooperative					
		In additlen, this committee is a Lobbyist/Registrant PAC.					
(f)	X	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)					
	In addition, this committee is a Lobbyist/Registrant PAC.						
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)					
Jo	oint Fund	Iraising Representative:					
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a faderal candidate.					
· (h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.					
	Com	mittees Participating in Joint Fundraiser					
	1.	FEC ID number					
	2.	FEC ID number					
	3.	FEC ID number					
	4.	FEC ID number					

FEC Form 1 (Revised	1 02/2009)	Page 3
Write or Type Committee Nar	ne	
5. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Repo	resentative, or Leadership PAC Sponsor
<u> </u>	 	_
Mailing Address		
		
	CITY	STATE ZIP CODE
Relationship: Connect	ted Organization Affiliated Committee Joint Fundraising	Representative Leadership PAC Sponsor
. Custodian of Records: Id books and records.	lentify by name, address (phone number optional) and posit	ion of the person in possession of committee
Full Name DIRIU	<u>18. 18.11.2.2.8.11.11.11.11.11</u>	· · · · · · · · · · · · · · · · · · ·
Mailing Address	/161 EI IWAILIXIUITI ISTRIEETTI	
	<u> </u>	
	SIOKYTHIGIAITIEI	K141 41101711- 1-1-1
Title or Position	CITY	STATE ZIP CODE
TIRELOUSIUIRIER	Telephone nur	mber 81519 - 41411 - 214419
i. Treasurer: List the name a any designated agent (e.g.	and address (phone number optional) of the treasurer of the , assistant treasurer).	committee; and the name and address of
Full Name of Treasurer DRIA	IEI MILLIEIR IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	
Mailing Address	161 EI WALKUTI ISITIRIBIEITI	1
		<u> </u>
	SIOILYTING PATIELL LILL LILL CITY	STATE ZIP CODE
Title or Position	EI-IAICICIOIUMTIANT Telephone nun	10 - 01 14 4 1 1 1 1 1 1 1 1 1 1 1 1

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Page 4

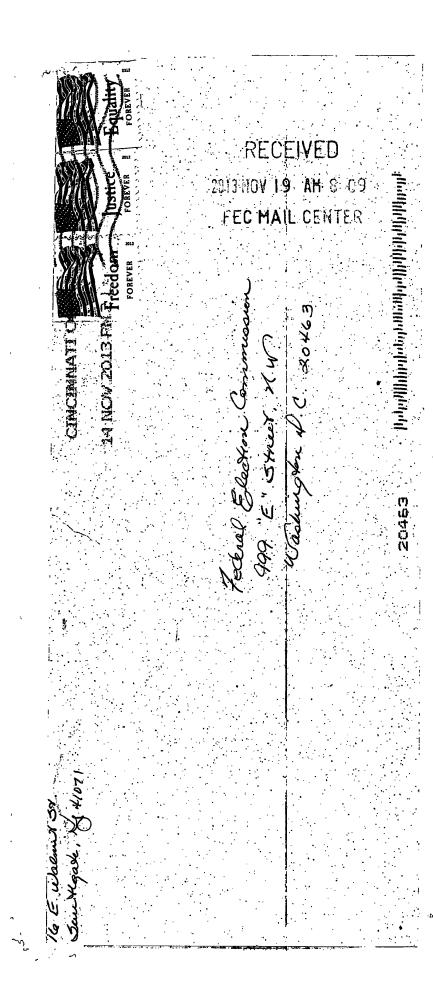
ZIP CODE

STATE

FEC Form 1 (Revised 02/2009)

30311409

Mailing Address



(8/2013)

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